Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number: /

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: WC 1/1/08 LC adoption SERFF Tr Num: PNMC-125306106 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026506

Sub-TOI: 16.0004 Standard WC Co Tr Num: MMP07-062 State Status:

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Author: Marsheelah Preston Disposition Date: 10/24/2007

Date Submitted: 10/22/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Domicile Status Comments:

Reference Organization: NCCI Reference Title: Arkansas - Approved Voluntary Loss Costs & Rating Advisory Org. Circular: AR-2007-13

Values Effective January 1, 2008 Filing Status Changed: 10/24/2007

State Status Changed: 10/23/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review and approval to adopt the Arkansas Approved Voluntary Advisory Loss Costs and Rating Values as filed by the National Council on Compensation Insurance effective January 1, 2008.

We will continue to use our filed and approved Loss Cost Multiplier of 1.422, Expense Constant of \$160, Premium Discount factors, and Minimum Premium Formula. In addition; we will continue to use Hazard Groups 1 through 4 in accordance with NCCI Item B-1403. We are not actively pursuing workers' compensation business in Arkansas.

These changes are applicable to policies effective on and after January 1, 2008.

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number:

Company and Contact

Filing Contact Information

Marsheelah Preston, Senior Underwriting mpreston@pnat.com

Technician

2 N. Second St. (717) 234-4941 [Phone] Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty CoCode: 14990 State of Domicile: Pennsylvania

Insurance Company

2 N. Second St. Group Code: 271 Company Type: P&C

PO Box 2361

Harrisburg, PA 17105-2361 Group Name: Penn National State ID Number: 03

Insurance

(717) 234-4941 ext. [Phone] FEIN Number: 23-0961349

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: LC adoption, no change to LCM - \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Pennsylvania National Mutual Casualty \$0.00 10/22/2007

Insurance Company

CHECK NUMBER CHECK AMOUNT CHECK DATE 00890045 \$50.00 10/05/2007

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted	
Approved	Carol Stiffler	10/24/2007	10/24/2007	

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number: /

Disposition

Disposition Date: 10/24/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number:

Supporting Document

Item TypeItem NameItem StatusPublic AccessSupporting DocumentUniform Transmittal Document-Property & Approved
CasualtyYesSupporting DocumentNAIC Loss Cost Filing Document for Approved
Workers' CompensationApprovedYes

Approved

Yes

NAIC loss cost data entry document

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026506

Insurance Company

Company Tracking Number: MMP07-062

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC 1/1/08 LC adoption

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 10/24/2007

Property & Casualty

Comments:

Attachment:

ARTransmittal.pdf

Review Status:

Satisfied -Name: NAIC Loss Cost Filing Document Approved 10/24/2007

for Workers' Compensation

Comments:

Attachments:

ARWCcoverLC.pdf

ARCalCoLCM.pdf

Review Status:

Satisfied -Name: NAIC loss cost data entry document Approved 10/24/2007

Comments:

Attachment:

ARLCdata.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In:	surance De	partment l	Jse only			
	Dept. Use Only	a. Dat	te the filing is received:					
		b. Ana	nalyst:					
		c. Dis	sposition:					
		d. Dat	te of disposition of the filing:					
		I -	ective date					
			New Business					
		(3		Business				
			te Filing #:					
		g. SE	RFF Filing #	# :				
		h. Sul	oject Codes					
3.	Group Name	•		*		Group NAIC #		
J.	Oroup Hame					Group NAIC #		
4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #		
→.	1 7(-)							
-								
-								
-								
5.	Company Tracking Number							
Con	tact Info of Filer(s) or Corporate			I-free numbe	•			
		Officer(s) Title		l-free numbe	er] FAX#	e-mail		
Con	tact Info of Filer(s) or Corporate				•	e-mail		
Con	tact Info of Filer(s) or Corporate				•	e-mail		
Con	tact Info of Filer(s) or Corporate				•	e-mail		
Con	tact Info of Filer(s) or Corporate				•	e-mail		
Con 6.	tact Info of Filer(s) or Corporate Name and address	Title			•	e-mail		
7. 8.	tact Info of Filer(s) or Corporate Name and address Signature of authorized filer	Title ed filer	Teler	ohone #s	FAX#	e-mail		
7. 8. Filin	Signature of authorized filer Please print name of authorized in information (see General I	Title ed filer nstruction	Teler	ohone #s	FAX#	e-mail		
7. 8. Filin 9.	Signature of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title ed filer nstruction	Teler	ohone #s	FAX#	e-mail		
7. 8. Filin	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (Sub-State Specific Product code	Title ed filer nstruction o-TOI) (s)(if	s for descrip	ohone #s	FAX#	e-mail		
7. 8. Filin 9.	Signature of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub	ed filer nstruction o-TOI) (s)(if quirements)	s for descrip	ohone #s	FAX#	e-mail		
7. 8. Fillin 9.	Signature of authorized filer Please print name of authorized Interpretation (see General Interpretation) Sub-Type of Insurance (Substate Specific Product code applicable)[See State Specific Recognition of the content of the conten	ed filer nstruction o-TOI) (s)(if quirements)	s for descrip	otions of the	ese fields)	cates/Rules		
7. 8. Filin 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if quirements)	s for descrip	otions of the	FAX # ese fields) [] Rules [] Roination Rates/Ri	tates/Rules ules/Forms		
7. 8. Filin 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if quirements)	s for descrip	otions of the	ese fields)	tates/Rules ules/Forms		
7. 8. Filin 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if juirements] keting title)	s for descrip	otions of the	FAX # ese fields) [] Rules [] Roination Rates/Ri	Rates/Rules ules/Forms ription)		
7. 8. Filii 9. 10. 11.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if juirements] keting title)	s for descrip	otions of the	ese fields) [] Rules [] Roination Rates/Rother (give description)	Rates/Rules ules/Forms ription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if juirements] keting title)	s for descrip	otions of the	ese fields) [] Rules [] Roination Rates/Rother (give description)	Rates/Rules ules/Forms ription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized general I Type of Insurance (TOI) Sub-Type of Insurance (Substate Specific Product code applicable)[See State Specific Region Title (Mar Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a Reference Organization # &	ed filer nstruction o-TOI) (s)(if juirements] keting title)	s for descrip	otions of the	ese fields) [] Rules [] Roination Rates/Rother (give description)	Rates/Rules ules/Forms ription)		
7. 8. Filii 9. 10. 11. 12. 13.	Signature of authorized filer Please print name of authorized In the second of the sec	ed filer nstruction o-TOI) (s)(if juirements] keting title)	s for descrip	ohone #s otions of the oss Cost s [] Comb	FAX # ese fields) [] Rules [] Reination Rates/Rether (give description of the content of the	Rates/Rules ules/Forms ription)		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
ıA	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***R	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC ⁻	TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[]New []Replacement []Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

	(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)									
1.	1. This filing transmittal is part of Company Tracking #									
2.		ing correspor		_						
		Rate Increa	ise [] Rate	Decrease		Rate	Neuti	ral (0%)	
3.	Filing I	Method (Prior	Approval.	File & Use.	Flex Band, et	tc.)				
4a.					y Company (1)			
	npany	Overall %	Overall	Written	# of	Written	Maxim	um	Minimum	
	ame	Indicated	% Rate	premium	policyholde	rs premium	%		% Change	
		Change	Impact	change	affected	for this	Chan	ge	(where	
		(when	-	for this	for this	program			required)	
		applicable)		program	program		requir	ed)	. ,	
4b.					ny (As Accep					
	npany	Overall %	Overall	Written	# of	Written	Maxim		Minimum	
Na	ame	Indicated	% Rate	premium	policyholde				% Change	
		Change	Impact	change	affected	for this	Chan	ge		
		(when		for this	for this	program				
		applicable)		program	program					
		5. Overall l	Rate Inform	ation (Com	plete for Mult	tiple Compan	y Filings	only	<u>'</u>)	
						COMPANY	USE		STATE USE	
5a	Overal applica	l percentage i able)	rate indicati	ion (when						
5b	Overal	l percentage i	rate impact	for this filir	ng					
5c		of Rate Filing	Written p	remium ch	ange for					
	this pr									
5d	affecte	of Rate Filing d	– Number o	of policyno	iders					
6.	Overal	l percentage (of last rate	revision						
7.		ve Date of las								
		Method of Las								
8.	(Prior	Approval, File	e & Use, Fle	ex Band, etc	c.)					
	D ! "	D "0								
9.	for Rev	or Page # Su∣ ⁄iew	bmitted		ement drawn?				state nber,	
							if re	quire	d by state	
0.4				[]New						
01				[] Replacement [] Withdrawn						
-				[]New []Repl	acement					
02					[] Withdrawn					
				[]New						
03	[] Replacement [] Withdrawn									

Space Reserved for Insurance Department Use	

7.

WORKERS' COMPENSATION LOSS COST FILING DOCUMENT COVER FORM

INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS

1.	INSURER NAME	PENNSYLVANIA NATION	AL MUTUAL CASUALTY INSURANCE CO
	ADDRESS	PO BOX 2361 HARRISBURG, PA 17105	5
2.	PERSON RESPONS	IBLE FOR FILINGMars	sheelah Preston
	TITLE <u>Underwritir</u>	ng Technician TELEPH	HONE #(717) 234-4941 ext 2428
3.	INSURER NAIC #_	14990	
4.	ADVISORY ORGAN	NIZATION <u>NCCI</u>	
	PROPOSED RATE I PROPOSED PREMI	_	2.7% EFFECTIVE DATE 1/1/2008 2.7% EFFECTIVE DATE 1/1/2008
6A.	PRIOR RATE LEVE		
6B.	PRIOR PREMIUM I	LEVEL CHANGE*5.4%	6 EFFECTIVE DATE 7/1/2007

ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"

(Attach this document separately for each insurer selected loss cost multiplier.)

NAIC LOSS COST FILING DOCUMENT ---- WORKERS' COMPENSATION CALCULATION OF COMPANY LOSS COST MULTIPLIER

		(EFFECTIVE AUG. 16, 2004	()	
This filing	transmittal is part of Com	pany Tracking #		MMP-07-034
This filing	corresponds to form filing	number		
(Company	tracking number of form filn	g, if applicable)		
(X) Los	s Cost Reference Filing	AR-2007-10 (Advisory Org. & Reference filling #)	() Independent	Rate Filing
member, s hereby file Reference	subscriber or service purchas s (to be deemed to have inde	dvisory organization's loss costs, the above insure er of the named advisory organization for this line ependently submitted as its own filing) the prospec ill be the combination of the prospective loss costs specified in the attachments.	of insurance. The inst tive loss costs in the c	urer aptioned
1.	Check one of the follow	ing:		
the X adv in ti pros	advisory organization's prospection organization's prospection attachments. The rates we spective loss costs. This authe insurer. Note: Some states.	its loss cost multipliers and, if utilized, expense co pective loss costs for this line of insurance. The in ive loss costs and the insurer's loss cost multiplier ill apply to policies written on or after the effective horization is effective until disapproved by the Con ites have statutes that prohibit this option for s its loss cost multipliers and, if utilized, expense co	surer's rates will be the s and if utilized, exper date of the advisory of nmissioner, or until are some lines of busines	e combination of the use constants specified ganization's nended or withdrawn
	isory Organization Reference			-
арр	es this filing apply to all cla ropriate justification. s cost modification:	ss codes? Yes If no, complete a co	py of this form for ea	ch affected class with
	eck One))Without Modification (fact)With the following modific	or = 1.000) ation(s). (Cite the nature and percent modification ionale for the modification.)		
В.	Loss Cost Modification Ex	pressed as a Factor: (See Examples Below)	1.000	
	(1.000100 mple 2: Loss cost M	odification Factor: If your company's loss cost mod) should be used. odification Factor: If your company's loss cost mod o) should be used.		
		S ARE UTILIZED ATTACH "EXPENSE CONSTION. DO NOT COMPLETE ITEMS 4-11 BE		ENT" OR
data	, impact of premium discour	s and Loss Adjustment Expense (Target Cost) I f plans, and/or other supporting information.) pared to standard premium at company rates.	Ratio. (Attach exhibit	detailing insurer expense
				Selected Provisions
A.	Total Production Expense			14.3%
B.	General Expense			1.8%
<u>C.</u>	Taxes, Licenses & Fee			14.9% -1.7%
D. E.	Underwriting profit & conti	igencies		-1,170
F.	Other (explain) Total			29.4%
I".		ncome is taken into account		201170

70.6%

0.706

A. Expected Loss Ratio: ELR = 100% - 4F =

B. ELR in Decimal Form =

NAIC LOSS COST FILING DOCUMENT ---- WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums:	0.934
<u> </u>	(a 2.3% impact would be expressed as 1.023) Overall Impact of Size-of-Risk Discounts plus Expense Graduation	
7.	Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.982
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.555
9.	Company Selected Loss Cost Multiplier= To maintain our current LCM.	1.422
10.	Are you amending your minimum premium formula? If yes, attach docur including rate level impact as well as changes in multipliers, expense constar maximum, etc.	Yes No mentation, nts, () (X)

maximum, etc.

11 Are you changing your premium discount schedules? If yes, attach schedules () (X

11. Are you changing your premium discount schedules? If yes, attach schedules () (X) and support, detailing premium or rate level changes.

State: Arkansas

Line of Business: Workers' Comp. Source: Page 14 & IEE

	2004	%	2005	%	2006	%	3-Year Total	%	Selected Provisions
Written Prem.	6,076	_	3,453		1,478	_	11,007		***
Earned Prem.	6,545		3,605		1,911		12,061		
Commmission	346	5.7%	262	7.6%	82	5.5%	690	6.3%	6.3%
Other Aquisition	551	8.4%	265	7.3%	150	7.8%	966	8.0%	8.0%
General	115	1.8%	68	1.9%	39	2.0%	222	1.8%	1.8%
Taxes, Licenses & Fees	906	14.9%	1,124	32.6%	708	47.9%	2,738	24.9%	14.9%
Profit & Contingencies*									-1.7%

Total Expenses

29.4%

Exhibit 1

State: Countrywide

Line of Business: Workers' Comp.
Source: Page 14 & IEE

,	2004 (x1000)	%	2005 (x1000)	%	2006 (x1000)	. %	3-Year Total	%	Selected Provisions
Written Prem.	88,614		94,194	-	85,995	-	268,803	-	
Earned Prem.	84,912		93,234		89,364		267,510		•
Commmission	8,769	9.9%	9,523	10.1%	8,829	10.3%	27,121	10.1%	10.1%
Other Aquisition	7,143	8.4%	6,841	7.3%	7,007	7.8%	20,991	7.8%	7.8%
General	1,494	1.8%	1,764	1.9%	1,808	2.0%	5,066	1.9%	1.9%
Taxes, Licenses & Fees	3,350	3.8%	2,757	2.9%	2,510	2.9%	8,617	3.2%	3.8%
Profit & Contingencies*									-0.4%

Total Expenses

23.3%

^{*} See Exhibit 2

Exhibit 1a

WORKERS' COMPENSATION Permisible Loss Ratio*

Underwriting Expense Provisions Commission Other Acquisition	AR 6.3% 8.0%
General Premium Taxes&Assessments	1.8% 14.9%
Other Taxes Write-Offs	0.0% 0.0%
Residual Market Dividend	0.0% 0.0%
Reinsurance Expense Total Premium Related Expenses	<u>0.0%</u> 31.0%
•	101.7%
Target Combined Ratio	101.7%
Minimum U/W gain needed to achieve target ROS	-1.7%
Target Loss & LAE Ratio	70.7%

Target Operating Ratio Exhibit WORKERS' COMPENSATION

 (1) Written Premium (CW) (2) Unearned Prem. Reserve (CW) (3) Prepaid Expenses (4) Outstanding agent's balances (5) Loss Reserves/Incurred (6) Reserves/Premium (7) Reserves/Surplus (8) P/S allocated to this line (9) Investment Rate of Return (10) Tax Rate on investment (11) Tax Rate on u/w profit (12) Target Returned on Surplus (%) (13) % Investment Return (as % of surplus) 	AR 79,935 32,949 8,600 20,895 2.516 1.821 2.459 1.350 3.9 15.3% 34.0% 10.0 (a) Pre Tax 13.571 (b) After Tax 11.493
(14) % Excess above target ROS	1.493
(15) Excess as % of premium	1.106
(16) Minimum U/W gain needed to achieve target ROS	-1.7%
(17) Target Operating Ratio	· 101.7%

NAIC LOSS COST DATA ENTRY DOCUMENT

1. Th	This filing transmittal is part of Company Tracking #	ittal is part o	of Compa	any Trackin	g#	MN	MMP07-062			
2. If f	iling is an adop me of Advisory	otion of an a / Organization	dvisory on and F	organizatior ?eference/ I	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	give		NCCI	NCCI / AR-2007-10	
			Company Name	y Name				Compar	Company NAIC Number	
.3 A	Pennsylvania National Mutual Casualty Insurance	ia National	Mutual	Casualty I	nsurance Company	any B.			14990	
	Product Coding Matrix Line of Business (i.e.,	ing Matrix Li	ne of Bu	siness (i.e.,	, Type of Insurance)		Product Coding Matrix Li	atrix Line of Insur	ne of Insurance (i.e., Sub-type of Insurance)	surance)
4 A.		16.0 Workers	orkers' (Compensation	tion			16.01	16.0004 Standard WC	-
.51										
	€							FOR LOSS COSTS ONLY	ONLY	
30	COVERAGE	(B) Indicated	Ö	(C) Requested	(D)		(E) Loss Cost	(F) Selected	(G) Expense	(H) Co. Current
(See	(See Instructions)	% Kate Level Change		% Kate Level Change	Expected Loss Ratio		Modification Factor	Loss Cost Multiplier	Constant (If Applicable)	Loss Cost Multiplier
Vorkers	Norkers' Comp	+2.7		+2.7			1.00	1.422	160	1.422
TOTAL	TOTAL OVERALL EFFECT									
	5 Year History	History	Rate	Rate Change History	ory				7.	
Year			% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2006					2	-2	-100.0	73.2	A. Total Production Expense	14.3
2005					4	36	900.0	70.0	B. General Expense	
2004	3 4 7				-12	5 50	714.3	67.2	C. Taxes, License & Fees D. Underwriting Profit	14.9
2002	2 7				16	చ	-18.8	80,4	& Contingencies	-1.7
									E. Other (explain)	
									F. TOTAL	29.4
	Y_Apply Los	Apply Lost Cost Factors to Future filings? (Y or N)	ors to Fu	ture filings?	(Y or N)	oritory (if				
۱ ا	Estimated	Maximum F	Rate Dec	case for a	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):	erritory (if	applicable):			